

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re	Lois K. Forsythe	:	Case No. 2:16-bk-52886
		:	
		:	
	Debtor	:	Chapter 13
		:	
		:	Judge Preston

Suggestion of Death

Now comes Attorney for the debtor and hereby gives notice of the death of the Debtor, Lois K. Forsythe on May 5, 2020.

Respectfully submitted

/S/ Jetta Mencer

JETTA MENCER (0013024)

Attorney at Law.

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Attorney for Debtor

Primary Reg. Dist. No. 1601

Registrar's No. 1601-2020000062

OHIO DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2020046278

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) LOIS K FORSYTHE						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) MAY 05, 2020
	4. Social Security Number XXXX-XX-XXXX		5a. Age (Years) 88	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) JUNE 20, 1931	7. Birthplace (City and State or Foreign Country) PITTSBURGH, PENNSYLVANIA	
	8a. Residence State OHIO		8b. County COSHOCOTON			8c. City or Town COSHOCOTON		
	8d. Street Address and Zip Code 1729 FLINT LANE 43812						9. Ever in US Armed Forces? NO	
DISPOSITION	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
	12. Decedent's Education DOCTORATE DEGREE OR				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE	
	15. Father's Name PAUL KERN				16. Mother's Name (prior to first marriage) ELEANOR MCCLEERY			
	17a. Informant's Name SHARON FORSYTHE-PRICE				17b. Relationship to Decedent DAUGHTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 424 WALLER STREET	
	18a. Place of Death DECEDENT'S HOME						18b. County of Death COSHOCOTON	
	18b. Facility Name (If not Institution, give street & number) 1729 FLINT LANE				18c. City or Town, State and Zip Code COSHOCOTON, OH 43812		18d. County of Death COSHOCOTON	
	19. Funeral Service Licensee or Other Agent JESSICA A PAISLEY				20. License Number (of licensee) 009294		21. Name and Complete Address of Funeral Facility GIVEN-DAWSON-PAISLEY FUNERAL	
	22. Method and Place of Disposition BURIAL - COSHOCTON COUNTY MEMORY GARDENS, COSHOCTON, OH						21. Name and Complete Address of Funeral Facility 186 PARK AVE COSHOCOTON, OH 43812	
	23. Local Registrar LINDA JAMISON				24. Date Filed (Month/Day/Year) MAY 07, 2020			
	CERTIFIER	26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.						
26b. Time of Death 07:32		26c. Date Pronounced Dead (Month/Day/Year) MAY 05, 2020			26d. Was Case Referred to Medical Examiner or Coroner? NO			
26e. Certifier Name and Title DWIGHT J MCFADDEN, III MD		26f. License number 35.082662		26g. Date Signed (Month/Day/Year) MAY 07, 2020				
CAUSE OF DEATH	27. Name and Address of Person who Completed Cause of Death DWIGHT J MCFADDEN, III, 716 COMMERCIAL AVE SW, NEW PHILADELPHIA, OH 44663							
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
	Immediate Cause (Final disease or condition resulting in death)		a. END STAGE RENAL DISEASE				Approximate Interval: Onset and Death UNKNOWN	
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) DIABETES MELLITUS				YEARS	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)					
			d. Due to (or as Consequence of)					
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? NO	
							29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE	
	30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death NATURAL		
	33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18

Linda Jamison, Registrar

MAY - 8 2020

Linda Jamison